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PTO/SB/21 (08-03) Approved for use through 8/30/2003. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)			Application Number 10			10/505,444			
			Filing Date		I.A. FIL	I.A. FILING DATE: 2/17/2003			
			First	First Named Inventor Helmut Ma		Matthias Simonis			
			Grou	p Art Unit	Unassi	gned			
			Exam	niner Name	Unassi	gned			
Total Number of Pages	in This Submission	7	Attor	ney Docket Number	CISC89	99			
		ENCLO	SURES	(check all that apply	)				
Fee Transmittal F	orm	☐ Drawing(s)		After Grou	Allowance Communication to				
⊠ Fee Attached		Licensing-related Papers			Appe Appe	Appeal Communication to Board of Appeals and Interferences			
Amendment / Repl	y	Petition			Appe (Appe	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
After Final		Petition to Convert to a Provisional Application			Prop	Proprietary Information			
Affidavits/decla	ration(s)	Power of Attorney, Revocation Change of Correspondence Address			☐ Statu	Status Letter			
Contamaion of Time of	_   [	☐ Terminal Disclaimer ☐ Request for Refund			⊠ Retu	Return Postcard			
Extension of Time F	Request [				Othe	Other Enclosure(s) (please identify below):			
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Information Disclose	ure Statement F	Remarks The Commissioner is aut Deposit Account 50-1652			authorized to	horized to charge any additional fees to			
Certified Copy of Priority Document(s)		In response to the Notification of Missing Requirements Under 35 U.S.C. 371 mailed March 24, 2005, please make the enclosed of record.							
Response to Missing Incomplete Application	g Parts/								
Response to Notification of Missing Requirements under 35 U.S.C 371									
	SIGNATU	RE OF A	PPLICA	ANT, ATTORNEY, C	R AGENT				
	RITTER, LANG &	KAPLAN	I LLP						
	Cindy Kaplan	Re	eg. No	. 40,043					
Signature	BAKIL								
Date A	April 27, 2005								
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hereby certify that this corre- nvelope addressed to: Comi	spondence is being depositioner for Patents, P.	osited with th O. Box 1450	e United , Alexand	States Postal Service with Iria, VA 22313-1450 on the	n sufficient pos ne date shown:	tage as first class mail in an  April 27, 2005 \			
Typed or printed name	Cindy Kaplan			<del> </del>	<del></del>	f - day as I assa			
Signature	CIKN				Date	April 27, 2005			

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02 MAY 2005

PTO/SB/17 (12-04)
Append for use through 07/31/2006. OMB 0651-0032
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Fees pursuant to the Consolidated App	propriations Act. 2	005 (H R 4919)		Complete if Known		
FEE TRAN	ISMIT	TAI	Application Number	10/505,444		
For EV	2005		Filing Date	I.A. FILING DATE: 2/17/2003		
For FY 2005			First Named Inventor	Helmut Matthias Simonis		
Applicant claims small entity s	tatus. See 37 C	CFR 1.27	Examiner Name	Unassigned		
TOTAL AMOUNT OF	(\$)	120	Art Unit	Unassigned		

METHOD OF PAYMENT (check all that apply)    Y Check			7 13	U	Attomey Dock	ket No. (	CISCP899		
Deposit Account Deposit Account Number.  Deposit Account Deposit Account Number.  For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s)  WARNING: Information on this form any become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity Application Type Fee (\$)									
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Credit any overpayments  Examination in the included on this form. Provide credit card  Information and interest Fee (\$)  Fee	Check Credit Card Money Order None Other (please identify):								
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### SEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES   FILING FEES   Small Entity   Fee (\$)	Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s)								
Filling FEES   Small Entity   Fee (\$)   Fee						-			
Application Type	1. BASIC FILING, SE	FILING F	FEES		CH FEFS	EYAMIN	IATION FEED		
Design 200 100 100 50 130 65  Plant 200 100 300 150 160 80  Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25  Multiple dependent claims  Total Claims  Total Claims  Extra Claims  Fee (\$)  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)		Fee (\$)	Fee (\$)				Small Entity	Fees Paid (\$)	
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2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Each independent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Total Sheets  Fee Paid (\$)			100						
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- 20 or HP =	Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim many than 150  Each independent claim over 3 or, for Reissues, each independent claim many than 150  Each independent claim over 3 or, for Reissues, each independent claim many than 150  Each independent claim over 3 or, for Reissues, each independent claim many than 150  Each independent claim over 3 or, for Reissues, each independent claim many than 150  Each independent claim over 3 or, for Reissues, each independent claim many than 150  Each independent claim over 3 or, for Reissues, each independent claim many than 150  Each independent claim over 3 or, for Reissues, each independent claim many than 150  Each independent claim over 3 or, for Reissues, each independent claim many than 150  Each independent claim over 3 or, for Reissues, each independent claim many than 150  Each independent claim over 3 or, for Reissues, each independent claim many than 150  Each independent claim over 3 or, for Reissues, each independent claim many than 150  Each independent claim over 3 or, for Reissues, each independent claim many than 150  Each independent claim over 3 or, for Reissues, each independent claim many than 150  Each independent claim over 3 or, for Reissues, each independent claim many than 150  Each independent claim over 3 or, for Reissues, each independent claim many than 150  Each independent claim in the contract claim over 150  Each independent claim ove								
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OTHER FEE(S)	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)								
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Signature	UKIL	Registration No. (Attorney/Agent)	40,043	Telephone	408-399-5608
Name (Print/Type)	Cindy Kaplan			Date	April 27, 2005
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This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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